

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NFL ALUMNI JAX, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ ~~\$70.00~~
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SEAN MCINERNEY
Name (Printed or typed)

2707 COLONIES DRIVE
Address

JACKSONVILLE BEACH, FL 32250
City, State & Zip

904.962.2313
Daytime Telephone number

1987bears68@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: NFL ALUMNI JAX, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2707 COLONIES DRIVE

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RAISE MONEY AS A NON-PROFIT, HOSTING SPONSORED EVENTS,
AND THEN DISTRIBUTE THOSE FUNDS TO OTHER NON-PROFIT CHARITY
ORGANIZATIONS THAT DEAL MAINLY WITH THE ASPECT OF "CARING FOR KIDS".

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

DIRECTORS THAT SIT ON THE BOARD ARE APPOINTED BY THE PRESIDENT OF THE BOARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEAN MCINERNEY / PRESIDENT

Address: 2707 COLONIES DRIVE
JACKSONVILLE BEACH
FLORIDA 32250

Name and Title: MARCO COLEMAN / VICE-PRESIDENT

Address: 2707 COLONIES DRIVE
JACKSONVILLE BEACH
FLORIDA 32250

Name and Title: TONI BATTEN / SEC.

Address: 2707 COLONIES DRIVE
JACKSONVILLE BEACH
FLORIDA 32250

Name and Title: SHERRY SHROPSHIRE / EVENTS COORD.

Address: 2707 COLONIES DRIVE
JACKSONVILLE BEACH
FLORIDA 32250

Name and Title: MIKE HOLLIS / MEMBERSHIP DIR.

Address: 2707 COLONIES DRIVE
JACKSONVILLE BEACH
FLORIDA 32250

Name and Title: _____

Address: _____

FILED
14 MAR 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: SEAN MCINERNEY
Address: 2707 COLONIES DRIVE
JACKSONVILLE BEACH, FL 32250

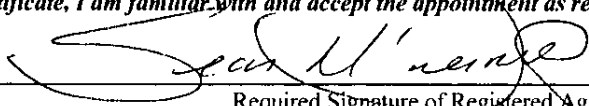
FILED
14 MAR 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SEAN MCINERNEY
Address: 2707 COLONIES DRIVE
JACKSONVILLE BEACH, FL 32250

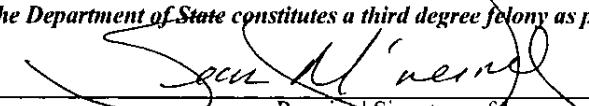
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

02/13/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

02/13/2014
Date